



**REQUEST FOR CRIMINAL HISTORY INFORMATION  
CHILD/ADULT ABUSE INFORMATION ACT  
RCW 43.43.830 THOROUGH 43.43.845**

**APPLICANT OF INQUIRY** (please provide as much information as possible name and date are mandatory)

Applicant's Name:

\_\_\_\_\_

Last

First

Middle

Alias/Maiden Name(s):

\_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Month/Day/Year

Sex: \_\_\_\_\_

Driver's Lic. Number/State: \_\_\_\_\_/ \_\_\_\_\_

**AUTHORIZATION:**

I authorize the Washington State Patrol to conduct a background investigation. I understand that all information will be treated as confidential by DAWN.

To the best of my knowledge, the information included in this application is correct.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**Send this completed form to:  
DAWN, PO Box 88007, Tukwila, WA 98138.  
Fax: (425) 656.4309**